

NATIONAL QUALITY BOARD

General Update

A note from the Secretariat

Summary

1. This note provides the NQB with an update on
 - the work to respond to and take forward the recommendations from the Mid Staffordshire NHS Foundation Trust Public Inquiry; and
 - progress in the following areas of their work programme:

Aligning the national system:

- A. Human factors in healthcare – an update on the work of the Human Factors Sub-group;
- B. Quality Surveillance Groups – an update on their roll out

Advising on priorities:

- C. Quality Accounts – recommendations for 2013/14 and 2014/15;
- D. Aligning other tools and levers to support implementation of Quality Standards; and

Providing leadership and support:

- E. Supporting local health economies in maintaining and improving quality – an update on the work that had been the responsibility of the National Quality Team.

MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY – UPDATE

Governance and Programme Management

2. Following publication of the response to the Mid Staffordshire NHS Foundation Trust Public Inquiry, *Patients First and Foremost*, DH is taking an oversight and coordination role on behalf of the system to implement the commitments made, and produce a further response this autumn. They have established an assurance board comprised of key partners which focuses on ensuring alignment and cohesion across their individual work plans, supported by a wider stakeholder engagement.

Securing Legislative Changes

3. Work is in progress to secure a legislative vehicle for key elements of the Government's response via the Care Bill:
 - the development of a new system of aggregated provider ratings;
 - powers to allow the new Chief Inspector of Hospitals appointed by the Care Quality Commission (recently announced as Professor Mike Richards) to instigate a new failure regime; and
 - making it an offence for providers to produce certain types of false or misleading information .
4. This work is complemented by:
 - DH's *Strengthening corporate accountability in health and social care: A consultation* which proposes that all directors of providers registered with the Care Quality Commission (CQC) must meet a new fit and proper person test. In cases where providers fail in the care that they provide, the CQC will be able to consider the role of the board and individual directors in that failure – with the power to prosecute in the case of serious failure. The consultation closes on 6 September 2013.
 - CQC's *A new start – Consultation on changes to the way CQC regulates, inspects and monitors care*. This document started the public discussion on what the fundamentals of care should be and how surveillance, inspection and monitoring might work. The consultation closes 12 August 2013.

Engagement

5. To ensure there is sufficient opportunity for a broad cross section of stakeholders representing the wider health and care system to talk about Francis implementation in the round. DH is currently undertaking a series of regional engagement events in partnership with NHS England, CQC and HEE. The events include presentations from local organisations as well as national teams thus providing an opportunity to hear what is going on locally, and share best practice.
6. These events are scheduled throughout July and will support the development of the further response planned for autumn 2013.

Independent Reviews

7. Over the coming months, there are several independent reviews which will also shape the autumn response:
 - a review of healthcare assistant training conducted by Camilla Cavendish published on 10 July 2013 at <https://www.gov.uk/government/publications/review-of-healthcare-assistants-and-support-workers-in-nhs-and-social-care>. It made a number of recommendations to improve support for health care assistants and health care support workers that work in the NHS and social care;
 - a review of the safety in the NHS led by international expert Don Berwick, due to report later this month;
 - a review of the NHS complaints mechanism, chaired by Ann Clwyd MP, and Prof Tricia Hart, Chief Executive of South Tees Hospitals NHS Foundation Trust, due to report later this month; and
 - a review of bureaucratic burdens within the NHS conducted by the NHS Confederation due to report in September 2013.

The NQB is asked to note the progress made to develop a further system-wide response to Robert Francis' recommendations, due for publication in Autumn 2013.

NQB WORK PROGRAMME UPDATES

A. Human factors in healthcare

8. Following the steer provided by the NQB at its last meeting, to ensure alignment between the Human Factors work and the Berwick review, the draft joint statement on Human Factors in Healthcare has been shared with the Berwick Advisory Group.
9. The Berwick Advisory Group was impressed by the work to-date and the commitment and enthusiasm for the Human Factors agenda. Leadership for the agenda is seen as positive, although initial feedback suggests that there is a risk that the statement, however unintended, could be perceived to be a heavy-handed top-down approach.
10. Work is now being undertaken to recast the statement as providing leadership to the Human Factors agenda and supporting organisations to embrace Human Factors at a local level. This will fit more closely with the Berwick Advisory Group's work on culture change.
11. The Sub-group is keen to align the work, but also to ensure that the pro-active nature of the statement is not lost. Aligning the work to the Berwick review will also have implications for timescales for publication. Berwick will report to the Government and NHS England at the end of July, with responses published in September / October. It is therefore proposed that work is undertaken alongside NHS England (which provides the Berwick secretariat and is likely to take a lead on implementing many of the recommendations) to ensure the Human Factors work complements the Berwick review and is signed-off by the NQB on 1 October.

The NQB is asked to note progress to-date and endorse the approach proposed to take this work forward

B. Quality Surveillance Groups – an update on roll out

12. QSGs have been established in all 27 areas and 4 regions across England and were in operation prior to 1 April 2013. All have been meeting in accordance with the NQB's published guidance, *How to establish a Quality Surveillance Group* (January 2013).
13. All area QSGs have established a membership that includes appropriate representatives from: NHS England, CCGs, CQC, Monitor, NHS Trust Development Authority, and Local Government. Discussions are on-going to ensure that there is appropriate representation LETB's, PHE and HealthWatch at all QSGs.
14. A cross-system steering group is in place to assure the roll out of QSGs and ensure that the network is as effective as possible. One issue that it is aware of is that following the roll out of QSGs, the number of risk summits that have been triggered seems to have risen. This is being managed locally in some places, although national consideration is needed as to how this can be managed systematically.
15. This is one issue which will be addressed through the review of the QSG model, operation and support, that the cross-system steering group is taking forward. It will be completed over the summer and will report in the autumn 2013. The conclusions will inform updated guidance on QSGs, Risk Summits, frequently asked questions documents, and the provision of support to the system.

The NQB is asked to note progress on rolling out QSGs and the plans to review the model, operation and support for the network.

C. Quality Accounts – recommendations for 2013/14 and 2014/15

16. Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. They enable organisations to report on the measurement and publication of specific national indicators and

local priorities and, as such, are a key mechanism to enable providers to demonstrate their commitment to continuous, evidence-based quality improvement.

17. Most organisations providing healthcare arranged and funded by the NHS produce a Quality Account. This includes independent and charitable organisations. Organisations classed as ‘small providers’ because of their relatively low level of NHS income and small number of staff, along with organisations providing primary care and NHS continuing healthcare, are not required to produce a Quality Account.

18. A Quality Accounts Stakeholder Group, including Monitor, NHS Trust Development Authority, the Audit Commission, Care Quality Commission, Department of Health, Health and Social Care Information Centre and NHS England has met and made recommendations on the composition of Quality Accounts for 2013/14 and 2014/15. These are being brought to the NQB for approval.

2013/14 Quality Accounts - review timetable

19. Quality Account Stakeholder Group has recommend the adoption of the following timetable for 2013/14:

NHS England Domain Leads – Review	June 13
Meet with stakeholders to discuss 12/13 and agree the approach for 13/14.	18 June
Agree approach with partner agencies	July
Quality Accounts Paper to NQB	16 July
Letter from Bruce Keogh, Medical Director, NHS England, to provide early warning of the changes to reporting requirements for 13/14	September 13
Letter from NHS England, Monitor and TDA confirming arrangements for 13/14	October 13
Produce and disseminate Quality Accounts Communication Plan for 13/14	October 13

Inclusion of new indicators or amendments to Quality Accounts 2013/14

20. Ideally, any new indicators for inclusion in 2013/14 Quality Accounts should have been communicated to providers of NHS healthcare already. If any new indicators or amendments are recommended for inclusion, there will be a resource requirement for DH to draft amending regulations. There may also be a timing issue associated with introducing the amending regulations.

21. For this reason, the Quality Accounts Stakeholder group has recommended that no changes are made to 2013/14 Quality Accounts, apart from the inclusion of the Friends and Family Test. Inclusion of the Friends and Family Test in Quality Accounts from 2013/14 was part of the December 2012 amending regulations and was communicated to providers in a letter from Bruce Keogh in January 2013.

2014/15 Quality Accounts - review timetable

22. The Quality Account stakeholder group is keen to begin planning soon for 2014/15 Quality Accounts and has recommended adoption of the following timetable:

Quality Accounts Paper to NQB	16 July
Planning meeting for 14/15 Quality Accounts with key stakeholders.	August 13
Letter from NHS England, Monitor and TDA confirming arrangements for 14/15	November 13
Produce and disseminate Quality Accounts Communication Plan	January 14

Independent review of the effectiveness of Quality Accounts

23. The Quality Accounts Stakeholder Group recommends that an independent review of the effectiveness of Quality Accounts should be undertaken. The proposed review would build on the study undertaken by the Kings Fund in 2011. It is proposed that the review would take into account, in particular, the changes to reporting requirements introduced from 2012/13 (which includes mandatory

reporting on a core set of quality indicators). The Group recommends that NHS England identify funding so that an independent evaluation can be undertaken to report in 2014/15.

The NQB is asked to agree:

- the review timetable for 2013/14 Quality Accounts;***
- that the Friends and Family test is included in 2013/14 Quality Accounts;***
- the timetable and process for 2014/15 Quality Accounts production; and***
- that an independent review of the effectiveness of Quality Accounts is undertaken.***

D. Aligning tools and levers to support implementation of Quality Standards

24. NHS England is responsible under the Health and Social Care Act 2012 for commissioning NICE to produce Quality Standards for the NHS. This has to a large extent been completed prior to NHS England being established – NICE have been given a long list of topics on which to develop the bulk of the library of 180 Quality Standards.

25. The task for NHS England is therefore to:

- advise on relative priorities to inform the scheduling of production, i.e. ensuring those that will be of highest importance are developed as soon as possible;
- refine the long list of topics so that Quality Standards do not needlessly duplicate and that issues which have arisen since the long list was originally developed are reflected;
- input to the development process, including ensuring that the scope of the Quality Standards is appropriate;
- endorse Quality Standards when they are published and promoting them amongst commissioners; and
- drive implementation of quality standards by working with NICE to ensure that the product is as useful as possible, and by using other tools and levers to incentivise implementation.

26. On the latter element of its role, NHS England working with NICE and the Health and Social Care Information Centre is thinking through how the other tools and levers at its disposal could best be used to maximise their potential for incentivising implementation of the actions set out in Quality Standards. Specific areas where greater alignment will be secured include:

- ensuring that National Clinical Audits commissioned by HQIP and funded by NHS England wherever appropriate contain all statements / indicators from available Quality Standards, and that newly published Quality Standards are reflected in relevant audits as soon as possible;
- ensuring that commissioners have the tools and resources they need to implement Quality Standards where they choose to do so, including ensuring that the support NICE produces is as useful as possible. This will involve developing service specifications to accompany a small number of available quality standards by the end of 2013, as a pilot approach. If found to be useful, it could be incorporated into the process NICE follows for developing Quality Standards;
- wherever outcomes indicators are not available, NHS England will include indicators from Quality Standards in its CCG Outcomes Indicators set (a tool for supporting CCGs to measure outcomes) as proxies for outcomes as far as is possible;
- best practice tariffs could be useful in supporting the implementation of Quality Standards. NHS England and Monitor should align the pipeline with that for Quality Standard development where possible; and
- the Quality and Outcomes Framework should include Quality Standard indicators relevant to primary care where available. The first inclusion of such indicators will come online in August 2013 and from then on Quality Standards will be used as a source for QOF indicators.

The NQB is asked to note the work of NHS England, NICE and the Health and Social Care Information Centre in this area. Further updates can be provided.

E. Supporting local health economies in maintaining and improving quality

27. The National Quality Team (NQT), under the leadership of Ian Cumming, then Managing Director of Quality during the Transition, were responsible during 2011/12 and 2012/13 for providing support to the system in maintaining quality as organisations handed over responsibilities from the old to the new system.

28. The table below sets out several areas of responsibility that were taken forward by the NQT and the latest on how they have been / are being taken forward:

Area	Latest
Develop and disseminate the new system architecture for quality.	<p>NQB published a report setting out how the new system should operate in relation to quality in: <i>'Quality in the new health system – maintaining and improving quality from April 2013'</i> in January 2013.</p> <p>This may need to be updated later on in 2013 to reflect recent announcements, and should include the development of a public-facing version. It will be accompanied by support for commissioners from NHS England and CCG leaders on how they can fulfil their responsibilities in respect of quality.</p>
Develop and deliver an assurance process for handover of quality.	<p>The NQB published <i>'Maintaining and improving quality during the transition'</i> (March 2011) which set out how NHS organisations should be maintaining a grip on quality during the transition years, and then <i>'How to prepare for handover'</i> (May 2012) which set out what sender and receiver organisations should do to properly handover to ensure that intelligence on quality in areas and regions was not lost during transition.</p> <p>Since, then quality handover processes have been followed between PCTs and CCGs / NHS England and between SHAs and NHS England. In each region, Quality Handover Assemblies with commissioners, NHS England and regulators took place to ensure risk to quality was minimised and to mainstream this handover activity.</p>
Develop and disseminate a single Quality Dashboard.	<p>The NQT worked with other organisations across the system including NHS TDA, NHS England, CQC and Monitor to identify a set of common measures that are sensitive to quality issues. These have been captured as part of the National Quality Dashboard which was piloted during 2012, including being used by Quality Surveillance Group pilots.</p> <p>The dashboard is currently being maintained by Deloitte on behalf of NHS England, who are leading a project to incorporate it into its corporate intelligence mechanisms (the NHS Integrated Intelligence Tool) and to develop it further so that it better captures measures of</p>

	<p>quality. Integration into NHS England systems will take some time, and it is expected that the process will be complete in 2014. User engagement will form part of the activity to integrate and develop the dashboard, including with NQB member organisations</p>
<p>Develop and implement a single operating model for quality ('How to' guides).</p>	<p>To date, five 'How to' guides have been published:</p> <ol style="list-style-type: none"> 1. How to organise and run a Risk Summit 2. How to assess the quality impact of a provider CIP 3. How to carry out a Rapid Responsive Review 4. How to establish a Quality Surveillance Group 5. How to Handover for Quality <p>1-4 are in the process of being updated. They are likely to be published again in the autumn 2013, so that they can reflect recent announcements concerning the quality architecture, the findings of the Keogh Mortality Review, and the further response to the Mid Staffs Public Inquiry.</p> <p>A further 'How to' guide is in development to support commissioners and providers in getting staffing levels right in respect of those caring for patients. This is in response to findings from the Keogh Mortality Review, and as part of the implementation of <i>Compassion in Practice</i>. It will need to be endorsed by national statutory organisations across the NHS and so will benefit from being part of the library of 'How to' guides.</p>

The NQB is asked to note progress on these areas.

NQB Secretariat

11 July 2013